

SEA-HE-214

Inter-ministerial Meeting to revitalize Health Promoting Schools in South-East Asia Region (Virtual)

12–14 October 2021

Summary report

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Introduction

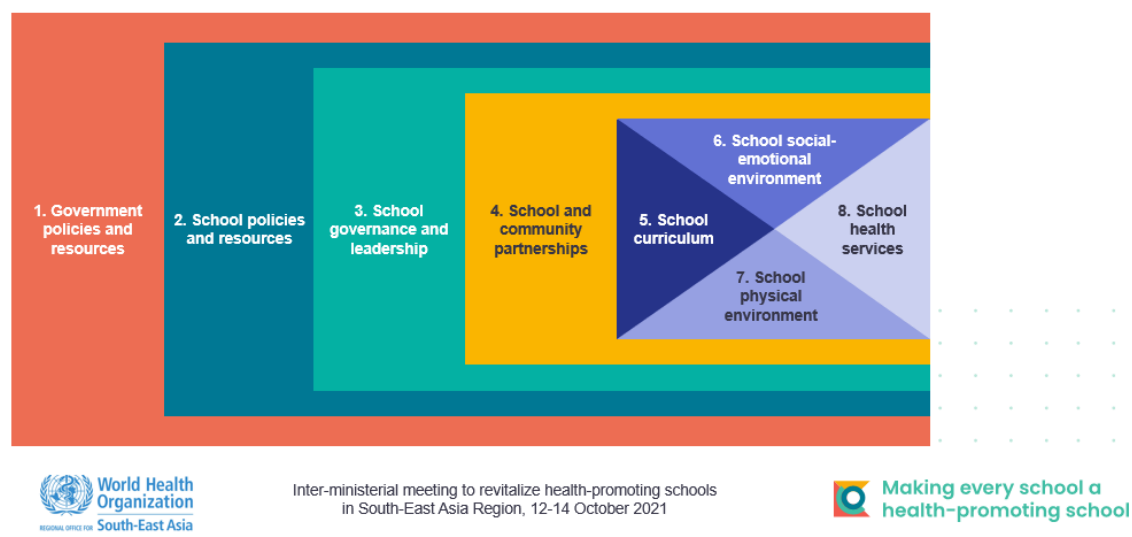
In 2019 WHO, UNESCO, UNICEF, and inter-agency partners worked together to transform fragmented school health services to generate better system and structures to provide wholistic approach to health promoting schools, inclusive of digital learning, involvement of parents, teachers, staffs, and to some extend the communities where children live. The Global Standard for Health Promoting Schools and Implementation guidance have been developed in collaboration between WHO, UNESCO, UNICEF and expert groups to support health and education sectors in sustainable development and increased country investment for health in school settings. Subsequently, WHO and UNESCO have launched a new initiative “Making Every School a Health Promoting School.” The initiative is expected to serve over 2.3 billion school-age children and will contribute to WHO's 13th General Programme of Work' target of achieving “1 billion lives made healthier” by 2023 and to the achievement of Sustainable Development Goals in the field of education and health.

UNESCO reported that school closures in over 180 countries have laid bare inequalities in education, deficiencies in remote learning, the cost of the digital divide, as well as the important role schools play in student health and wellbeing. After this crisis, Governments around the world will need to reassess learning systems to meet these challenges. Schools that promote health in all its dimensions will be able to meet these challenges effectively.

Recognizing current challenges, comprehensive, wholistic, and systemic approach need to be critically considered to better healthier schools beyond COVID-19. Recent assessment of school health activities and programmes reveals that fragmented health activities in schools are common with limited monitoring systems or integrated health to school curriculums.

A three-day inter-ministerial meeting was organized by the World Health Organization (WHO)-Southeast Asia Region Office (SEARO) in collaboration with United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and World Food Programme (WFP) virtually in New Delhi, India, on 12–14 October 2021, involving health and education ministers of SEAR countries, child and adolescent of health experts, as well as the representatives from UN agencies and key partners to consider advancing school health programmes in South-East Asia countries to meet the Global Standard on Health Promoting Schools. This meeting aimed to regulate the safe reopening of schools, to make every school a Health Promoting School (HPS), and to scale up implementation of comprehensive school health programmes that promote the health and wellbeing of children and adolescents.

The eight global standards for HPS are intended to function as a system



Objectives

The general objective of the meeting is to enhance political commitment to revitalize health promoting schools and consider implementation pathways responding to call for action in South-East Asia. The specific objectives of the meeting are:

1. To disseminate Call for action on “Health Promoting Schools implementation and standards” among stakeholders for enhancing overall health and well-being of students, teachers, and school staffs.
2. To identify pathways to strengthen school health programmes advancing to meet the Global Standards for Health Promoting Schools.
3. To consider ways to harmonize health promotion, prevention, and control of communicable/non-communicable diseases, and risk factors to generate high impact for healthier behavior for children and adolescents and the whole school community.
4. To improve coordination for implementation and investment for health promoting schools among key Ministries and agencies responsible for creating healthy social and physical environment.

The guidance package consists of four documents



Inter-ministerial meeting to revitalize health-promoting schools
in South-East Asia Region, 12-14 October 2021



High-level session & Ministers' speeches

Opening session

Dr Razia Pendse, Director, Department of Healthier Populations and Noncommunicable Diseases (HPN), WHO SEARO welcomed all the regional directors, participants, and colleagues on behalf of WHO for the three-day inter-ministerial meeting whose objective was to further enhance political commitment to revitalize HPS and consider implementation pathways for making every school healthy. She then invited the health and education ministers and heads of UN agencies to share their views on the HPS in SEAR countries.



Dr Poonam Khetrapal Singh, Regional Director WHO South-East Asia Region, who convened a meeting of heads of partner agencies UNESCO, UNFPA, UNICEF and WFP, and health and education ministers from the Region on Health Promoting Schools stated that the pandemic is a strong reminder of the importance of maintaining strong education systems that support the interlinked objectives of education and health for all children and adolescents leaving no one behind, in normal circumstances as well as during emergency situations like this pandemic.

Further, Shigeru Aoyagi, Director, UNESCO Asia and Pacific Regional Bureau for Education stated that there is need to rethink about the delivery of quality and inclusive education to all children and adolescents in the Asia-Pacific region while recovering education from COVID-19. He highlighted that there is an urgent need for investment in school health and nutrition programmes and creating the overall conditions for learners to lead healthy lives.

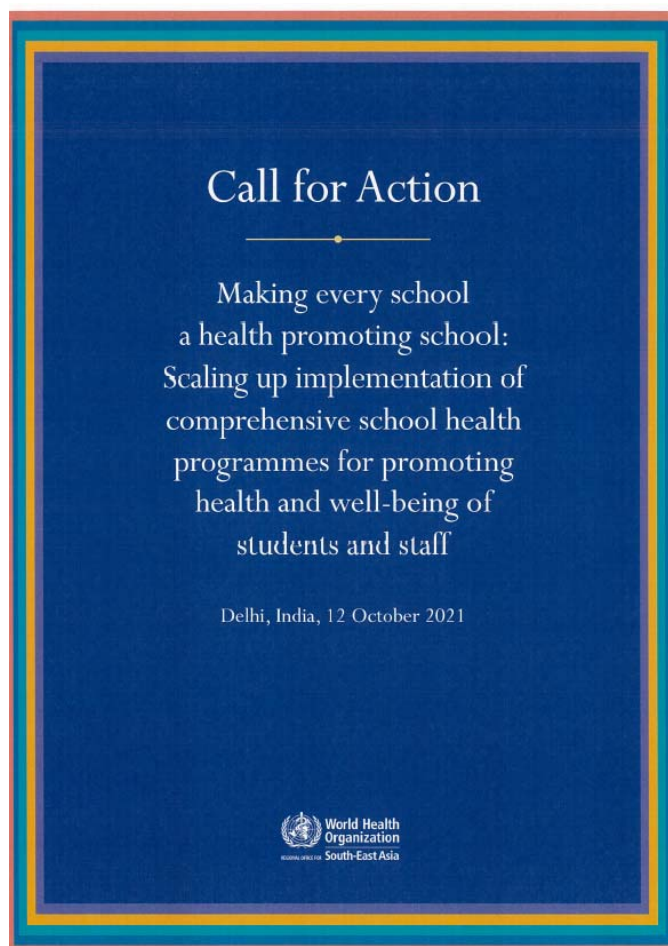
Ms Sun Ah Kim, Deputy Regional Director, UNICEF, highlighted the disruption caused by closure of schools and hindrance in availability of school meals during the pandemic on growth of students and their families. She also stated that girls were forced into early marriages during the lockdown in various parts of the world.

John Aylieff, WFP Regional Director for Asia and the Pacific welcomed the renewed commitment of countries in the region to give their children access to the nutrition they need to grow, mentally and physically. He highlighted that there is an opportunity to strengthen our school systems so that no child is forced to drop out of school because of hunger or illness again as for many of the millions of students

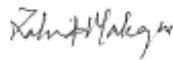
across the Asia region who receive school meals, it's often the most substantial and nourishing meal they have each day.

Dr Annette Robertson, Deputy Regional Director, UNFPA, stated that the extended closure of schools affected the emotional and social development of children. She also mentioned about the commitment of UNFPA with Ministry of Education on the capacity building of teachers on HPS.

On behalf of the SEAR Education and Health Ministers, Hon. Minister Dr Keheliya Rambukwella proposed the "Call for Action". He stated that The Call urges all Member States to regulate the safe reopening of schools in the context of COVID-19 and to make every school a HPS. He further mentioned that the call emphasizes the importance of schools as ideal settings for delivering health-related interventions for children and adolescents, to help them become productive citizens as a key determinant of the achievement of the Sustainable Development Goals.



AND URGE Member States and the World Health Organization to ensure adherence to the targets, goals and benchmarks with invigorated commitment and unflagging initiative for the continued well-being and physical, mental and psychosocial development of schoolchildren across the Region to enable them to grow into adulthood as productive and healthy citizens of the world community assured of the enjoyment of the highest attainable standard of health as a fundamental right.



H.E. Mr Zahid Maleque
Minister of Health and
Family Welfare
People's Republic of
Bangladesh



H.E. Dr Dipu Moni
Minister of Education
People's Republic of
Bangladesh



**H.E. DASHO Dechen
Wangmo**
Minister of Health
Kingdom of Bhutan



H.E. Mr Jai Bir Rai
Minister of Education
Kingdom of Bhutan



H.E. Dr Choe Kyong Chol
Minister of Health
Democratic People's
Republic of Korea



H.E. Mr Kim Sung Du
Chairman
Education Commission
Democratic People's
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**H.E. Mr Mansukh
Mandaviya**
Minister of Health and
Family Welfare
Republic of India



**H.E. Mr Dharmendra
Pradhan**
Minister of Education
Republic of India



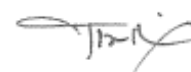
**H.E. Mr Budi Gunadi
Sadikin**
Minister of Health
Republic of Indonesia



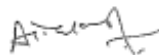
**H.E. Mr Nadiem Anwar
Makarim**
Minister of Education,
Culture, Research
and Technology
Republic of Indonesia



H.E. Mr Ahmed Naseem
Minister of Health
Republic of Maldives



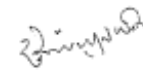
H.E. Dr Aishath Ali
Minister of Education
Republic of Maldives



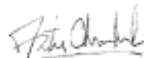
H.E. Mr Birodh Khatriwada
Minister of Health and Population
The Federal Democratic Republic of Nepal



**H.E. Dr Keheliya
Rambukwella**
Minister of Health
Democratic Socialist
Republic of Sri Lanka



**H.E. Mr Dinesh
Gunawardena**
Minister of Education
Democratic Socialist
Republic of Sri Lanka



**H.E. Mr Anutin
Charnvirakul**
Minister of Public Health
Kingdom of Thailand



**H.E. Ms Treenuch
Thienthong**
Minister of Education
Kingdom of Thailand



**H.E. Dr Odete Maria
Freitas Belo**
Minister of Health
Democratic Republic of
Timor-Leste



H.E. Mr Amindo Maia
Minister of Education,
Youth and Sport
Democratic Republic of
Timor-Leste



Dr Poonam Khetrpal Singh
Regional Director
WHO South-East Asia Region



Dr Dipu Moni, Minister of Education, People's Republic of Bangladesh, emphasized the impact of school closure on children in Bangladesh during the COVID-19 pandemic. She highlighted the measures taken by Prime Minister of Bangladesh, Ms Sheikha Hasina to revitalize health of students in the pandemic and post-pandemic era, including students of special needs such as ensuring physical health of students by training thousands of teachers and officials of Bangladesh in nutrition, providing 20,000 educational institutes with weighing machines to measure the BMI of students, distributing 50 million iron folic acid tablets to students, organizing D worming camps, initiation of mid-day meals in around 7000 schools, appointing mental health experts at educational institutions to discuss mental issues of students, and post COVID-19 measures taken at the school level such as measuring temperatures of every student at the time of arrival and provision of sanitizers to students as well as provision of vaccination for all teachers and students above 18 years. She mentioned about the training manual prepared for teachers and officials on health promoting schools (HPS), in which more than 2 lakh teachers and officials will be trained to provide psychological services and counselling services on reproductive health to students.

His Excellency Lyonpo Jai Bir Rai, Minister of Education, Bhutan pointed out that schools play a vital role in the wellbeing of students, their families, and the communities at large. He highlighted the need of creating schools that nurture education and health of students as well as provide knowledge and skills to lead a productive life and emphasized the need to revitalize comprehensive HPS in SEAR region. The measures taken by Bhutan for the implementation of HPS such as provision of free education as well as free access to basic health services, including financial protection, and the commitment to support in development of roadmap for SEAR to scale up school health programs and practices in the country were discussed.

Mr Dante Saksono Harbuwono, Vice Minister of Health, Indonesia, stated that Indonesia piloted the school health programme, currently known as UKS/M, after seven years of independence. More than 5 lakh schools of Indonesia have the school health programme where they promote healthy behaviour, improve health literacy among students as well as provide health services and foster healthy environment in school settings. Several gaps and challenges in implementing the UKS/M such as lack of resources and tools for monitoring and evaluation and emphasized the need of having systematic mechanism at the national level to implement HPS, were discussed. His concluding remarks highlighted that the HPS roadmap of 2022-24 will support in optimizing and maximizing the UKS/M in Indonesia, which will contribute to an operational primary health system and in achieving the sustainable development services (SDS) in Indonesia.

Mr Nadiem Anwar Makarim, Minister of Education and Culture, Indonesia, stated that pandemic has given us a renewed urgency to support health and education in Indonesia. He further highlighted that a strong HPS programme has become vital and important in keeping the students healthy. He pointed out that the pandemic has caused so much disruption in school systems, including the health promoting initiative within the school institution, which has severely affected the school community and society at large. He emphasized the need to take measures for increasing schools' resilience by strengthening HPS initiatives. The school closures during the pandemic led to a decrease in learning capability among students and how parents were unable to work optimally, as they had to look after their children. Other harms such as children being at risk of domestic violence, and child marriage during the pandemic, because of the growing economic pressure on low-income parents were discussed. The measures taken by Indonesian government for safe opening of schools' post-pandemic such as providing health and sanitary facilities at schools, having 50% capacity of students in classrooms, making mask mandatory, and providing vaccination to teachers were highlighted. He emphasized the need for developing school curriculum and health promoting programs which will allow Indonesian schools to catch up with the learning losses that they have experienced during the pandemic. He concluded by stating that the HPS initiative will make every school a HPS which will serve as an opportunity to reinvent the spirit of solidarity within Indonesia and among other SEAR countries.

Dr Aishath Ali, Minister of Education, Republic of Maldives, highlighted that school environment is a pre-requisite to ensure an ideal learning place for cognitive, social, and emotional development of children. She stated that HPS initiative has been designed with an aim to enable students to care for themselves and others and have self-control over factors that affect their health. She emphasized that school health should become an integral part of the education framework as indicated in the Education Act 24, 2020. She further stated that HPS approach is a whole school approach that promotes health where the school community works collectively to support students. She emphasized that health and education sector must work collectively to overcome the barriers of implementing HPS approach, by involving all relevant stakeholders from the school community to achieve the goal of providing systematic support for implementation of HPS in Maldives.

Mr Dinesh Gunawardena, Minister of Education, Sri Lanka emphasized that Sri Lanka has always understood the importance of health promotion in school settings and since 1918 school health activities such as health inspections, free universal education and free health policies are being implemented. He further stated that students of Sri Lanka have access to a public funded education system, covering 10,155 government schools of Sri Lanka. He highlighted that Sri Lanka has opened schools by taking protective measures and guidelines set by the Ministry of Health, is in the process of expanding counselling program in all schools for students and has conducted several national level health assessments to ensure optimum safety levels for students.

H.E. Mr Anutin Charnivirkaul, Deputy Prime Minister and Minister of Public Health, Thailand, stated that children and adolescents are the heart of every development agenda, as indicated in the United Nations Convention on the Rights of the Child to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. He highlighted that Thailand has been implementing HPS in 90% of schools for more than 2 decades. He, however, emphasized the need to address mental health disorders among teenagers, teenage pregnancy, environmental health impacts and adverse effects of technology. He highlighted that the pandemic worsened the condition of children with special needs or living in poverty and concluded by extending his support in making every school HPS in SEAR.

H.E. Ms Treenuch Thienthong, Minister of Education, Thailand, stated that Thailand has managed the first wave of COVID-19 successfully by following the sanitation measures, issued by Ministry of Public Health. She discussed about the on-hand model which has been introduced in remote, hard-to-reach areas, to allow teachers to distribute assignments to students in their homes. She further stated that Thailand is taking effective measures for safe opening of the schools such as making mask wearing mandatory, teaching hand-washing techniques to students, periodic testing of students and teachers for COVID-19 infection, vaccination for teachers and high school students. She laid emphasis on learning from other countries, as one of the ways, to assess and improve the health promotion system in schools by developing collaboration between health and education sector.

A representative from WHO Timor-Leste presented on behalf of **Dr Odete Maria Freitas Belo, Minister of Health, Timor-Leste**. He stated that schools benefit not only students but also their peers, families, and their communities. He emphasized on the need for effective implementation of HPS approach, which will contribute to sustainable health behaviours and wellbeing of children as well as empower them to make healthy life choices for themselves and their families. He highlighted that Timor-Leste has school health programmes such as school feeding programme, sanitation and hygiene programme, vitamin supplementation, implementation of smoke free and alcohol-free school programmes and promotion of physical activities in schools. However, he also stated that students of Timor-Leste are dealing with mental issues and are exposed to tobacco use with 42% of male students using tobacco products. He concluded by highlighting that Timor-Leste has updated its national level policy for HPS implementation which is in alignment with the global standards.



Later in the session, Dr Good invited Dr Rambukwella to share ‘Call for Action’ with the member states to regulate the safe reopening of schools and to make every school a HPS to strengthen actions on implementation of the resolution, “Revitalizing school health programmes and health promoting schools in the South-East Asia Region”.

Day 1, 12 October 2021

Technical session

Dr Good welcomed all the member states and extended her gratitude to everyone present at the meeting including colleagues from the Ministry of Education and Ministry of Health for joining the 1st day of inter-ministerial meeting on revitalizing Health Promoting Schools in SEAR. The aim of the meeting was to discuss the ways of implementing HPS in SEAR and meet the global standards for HPS.

Plenary session: Integrated approach to scale up school health programmes and enhance Health Promoting Schools

The plenary session started off with Dr Good’s presentation on “Integrated approach to scale up school health programmes and enhance health promoting schools”. The presentation focused on HPS and its 6 components, the tools and system that generate evidence on school activities and HPS initiatives in SEAR such as Global School based Student Health Survey (GSHS), Global School Health Policies and Practice Survey (GSHPS), Youth Tobacco-Rapid Assessment and Response Guide (YT-RAR) and

Accelerate Actions for the Health of Adolescent Health Programme (AA-AH). The use of accreditation like Diamond, Gold and Silver to schools by countries like Thailand, Maldives and India based on the level of HPS indicators met by the schools, were explained. Further, Dr Good highlighted that the COVID-19 pandemic has disrupted the school environment as well as the physical, mental, and social wellbeing of children and availability of guidance and checklist developed by the WHO to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises for use.

The WHO-UNESCO initiative 2021 'Making Every School a HPS' was explained in detail. An overview on the eight global standards for HPS was provided. Furthermore, the rapid assessment on current practices of school health programme and health promoting schools in SEAR was highlighted and results from seven countries - Bangladesh, Bhutan, Indonesia, Maldives, Myanmar, Sri Lanka, Thailand, who responded to this survey were presented. The findings suggested that standard seven on school physical environment was reported to be implemented by most countries whereas standard 3 was implemented the least. Dr Good ended her presentation with the following recommendations:

- Need whole of government, whole of society, whole of school approaches to strengthen health and education outcomes.
- Develop healthier school re-opening in new normal during recovery of COVID-19, with innovative tools for health education and health literacy for students, parents, and staff for better preparedness in future public health emergencies.
- Ensure every educational facility has opportunities to become health promoting schools.

Day 2, 13 October 2021

Morning Session

The day 2 virtual webinar started off with a 4-minute yoga session followed by Dr Suvajee Good welcoming everyone and giving an overview of the plenary session country presentations on "**Feasibility to meet Global Standards on HPS**".

Country Presentations

Bangladesh: Dr Sirajum Munira, Assistant Director and Deputy Program Manager (School Health), Adolescent and School Health, Ministry of Health

Dr Munira highlighted that Bangladesh does not have any specific policies, standards, and guidelines, in addition to not having a national multisectoral action plan for HPS implementation. Inadequate human and financial resources and lack of indicators for monitoring and evaluation at national and school level were highlighted as the gaps in implementing HPS. She suggested the following actions for Ministry of Health and Ministry of Education to meet global standards for HPS.

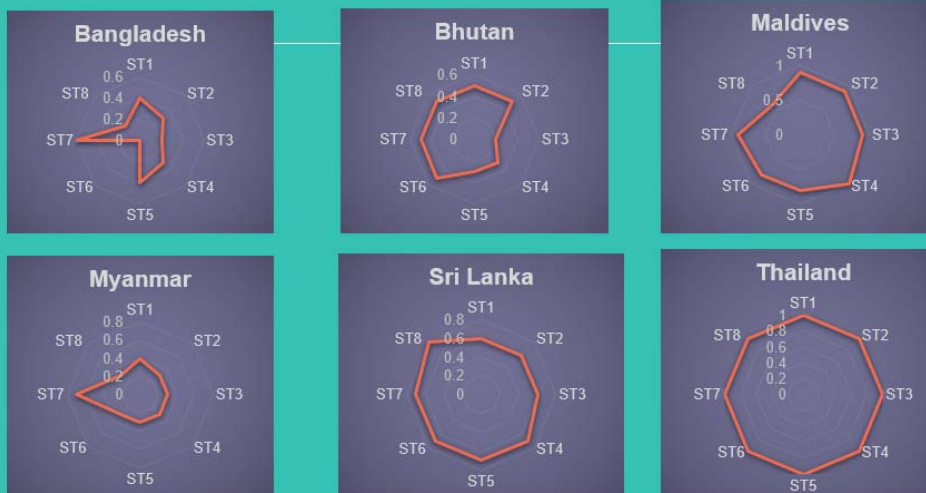
- Develop, adopt, and ensure implementation of multisectoral coordination mechanism to support HPS including Ministry of Health, Ministry of Education, and other relevant stakeholders.
- Strengthen capacity building programme for leaders, teachers and students, parents, and community to support HPS.
- Redesign the existing school curriculum from the theoretical practice to more creative, practical, demonstrative, learning by doing and interactive curriculum with inclusion of digital learning and teaching.
- Development of comprehensive health service package for HPS.
- Strengthen the school physical environment like availability of healthy food and limiting/restricting marketing of unhealthy foods and beverages at school and ban sale of tobacco products near/at the school compound.
- Build local leadership by creating champions of change from the community.

Bhutan: Ms Yeshey Pelden, Program Officer, Health Promotion Division, Department of Public Health, Ministry of Health

Ms Pelden indicated that there is a lack of implementation plan for school health service standards in Bhutan with no standards for monitoring and evaluation at school level to access health service standards. Further, she highlighted the scarcity of financial and human resources and weak intersectoral collaboration as significant gaps in implementing HPS in Bhutan. She mentioned that children of Bhutan were affected by the closure of schools during the pandemic, for which she recommended the following policies for safe reopening of schools.

- Train a teacher/school staff from each school and institution as COVID-19 safety officers for safe reopening of schools.
- Develop COVID-19 safety protocols for schools for immediate implementation and compliance in order to strengthen COVID-19 surveillance and safety for students and teachers in schools across the country.
- Develop adequate WASH facilities in schools and institutions installed before re-opening of schools.
- Psychosocial support training to teachers/counsellors by the National COVID-19 mental health team.
- Development of standard annual health screening guidelines for all schools and institutions.
- Support supervision in schools to strengthen existing health promotional initiatives (Nutrition, WASH etc).

Examples of country practices, in alignment with GS-HPS



Inter-ministerial meeting to revitalize health-promoting schools in South-East Asia Region, 12-14 October 2021



India: Dr Prairna Koul, National Consultant, Ministry of Health and Family Welfare (MoHFW)

Dr Koul mentioned that India is one of the first countries to launch school health and wellness programme in 2020 which comes under the ambit of *Ayushman Bharat* and is underway in 22 states and 129 districts with more than 100,000 trained teachers on nutrition, gender health and gender health. She highlighted some of the challenges to implement HPS in India such as frequent transfer of trained staff resulting into inadequate human resources at school level, every states having unique model of implementation of school health programmes, saturation of counselling and psychosocial support services to every child, limited number of schools focusing on drop-outs, migratory children and children with special needs, lack of digital knowledge and difficulty in reaching out to schools that are not part of government system (faith based schools, private schools affiliated to national/international boards, trust schools).

In the view of pandemic, Dr Koul suggested the following existing programmes and provisions which can aid in continuation of school health services, ensuring services in public health emergencies.

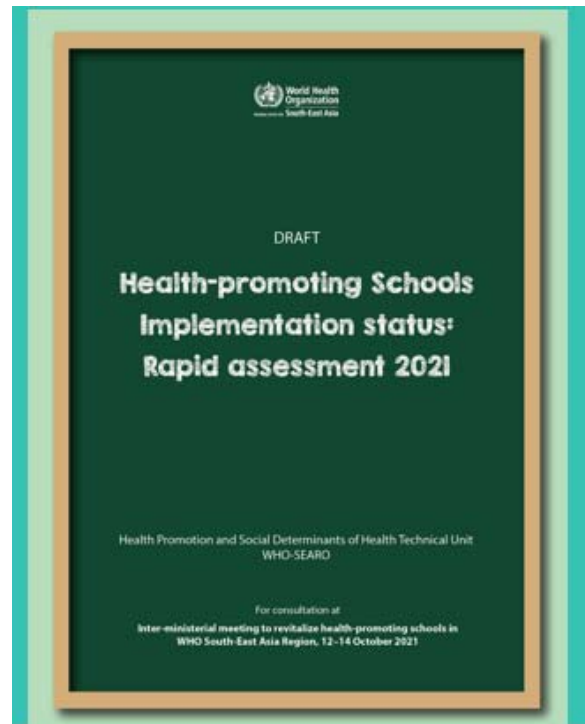
- Provide cleanliness and hygiene as well as availability of portable drinking water and toilets through Swachh Bharat Abhiyan.
- Provide nutritious and wholesome food through Poshan Abhiyan and mid-day meal.
- Promote physical activity and healthy diet through Fit India Movement and Eat Right.
- Screen 4Ds - defects at birth, deficiency diseases, developmental delays, and disabilities through mobile team under Rashtriya Bal Swasthya Karyakram (RBSK).

- School based distribution of IFA tablets and sanitary napkins to children at homes.
- Linking with existing adolescent health services to provide mental health services.

Indonesia: Mr Bamberg Purwanto, Ministry of Health

In his session, he mentioned that HPS standards have been incorporated in the existing initiatives of Indonesia. He further pointed out that the assessment of existing standards is measured through school competition approach which does not capture school's progress, achievement, and challenges at all levels. He highlighted that Indonesia has inadequate human and financial resources to meet the standards of healthy schools and emphasized on the need of adopting healthy school environment, health services provision, and health education methods to accommodate the students of special needs. He further mentioned about the existing initiatives that may help in achieving the global standards of HPS.

- 2014 Joint Regulation of 4 Ministers provides a framework for multisectoral collaboration from national to school level.
- 2017 Presidential Decree on Healthy Living Community Movement 'Gerakan Masyarakat' (Germas) fosters the implementation of health promotion measures in all schools.
- 2021 Joint Regulation of 4 Ministers on School Re-opening during COVID-19 pandemic drives greater attention of local governments and schools' management to implement measures that protect and promote school community's health (including students, teachers, and school staff).
- A Government Regulation on School Health is being developed to provide a stronger legal framework for a more inclusive and comprehensive approach to health promotion, education, and services in schools.



Maldives: Mr Hussain Rashid, Ministry of Education

In his session, Mr Rashid highlighted collection of data on school health in Maldives; however, analysis of the survey data is delayed. He also pointed out that there is a lack of multisectoral collaboration and inadequate funds to undertake HPS activities. To strengthen the school health policies and

practices in Maldives during pandemic, he presented the following measures and initiatives taken by Maldives to ensure accessible services to children.

- Formed guidelines for re-opening of schools with statement of purpose (SOP) on cleaning and disinfection.
- Put emphasis on emerging issues such as double burden of malnutrition specially obesity, mental health issues and increased exposure to substance use and self-harm.
- Telemedicine consultations of students with school health counsellors/officers.
- Outreach visits to vulnerable children.
- COVID-19 vaccination coverage for 12 years and above.
- Prioritized vaccination for teachers and school staff to ensure a safe school environment for re-opening.
- Health screening and risk assessment of children.
- Continuation of supplementation and Human Papilloma Virus (HPV) vaccination programmes.

He concluded his presentation by speaking on the existing policies and actions that have been undertaken to meet global standards on HPS in Maldives such as Education Act, Child Protection Act, Disability Act, Tobacco Control Act, Public Health Protection Act, school breakfast programme, micronutrient supplementation programme, ban on use of energy drinks and soft drinks in school environment, food guides in school canteens, school improvement and quality assurance frameworks.

Sri Lanka: Dr Chitramalia D Silva, Director, Maternal and Child Health, Ministry of Health

In her session, Dr Silva highlighted the need of updating National Education Policy with health promotion as an integral component. She pointed out that private schools, international schools, religious institutions, and special education schools are neglected from health promotion efforts. She emphasized on allocation of adequate financial resources to support HPS activities across the country including training of school staff and teachers on HPS implementation and associated monitoring. Additionally, she added that there is need of improvising teacher quality circles on HPS and upgrading Management Information System (MIS) to get more information on health issues of students. She pointed out that Sri Lanka has a dedicated budget for School Health Programme, however, the funds are not adequate.

The initiatives in Sri Lanka for safe re-opening of schools including vaccination to all teachers and school staff as well as measures on school sanitation and hygiene for managing sick students, replacement of school meals with dry ration during school closure, were presented. She ended her session by highlighting about 3-day Edutainment Program, which is planned to relieve stress among students in school settings.

Thailand: Dr Ekachai Piensriwarchara, Director, Bureau of Health Promotion

Dr Piensriwarchara highlighted several measures taken by the Ministry of Education and Ministry of Public Health in collaboration for safe re-opening of schools, based on information and recommendations from the Center for COVID-19 Situation Administration (CSSA) such as assessment of schools' readiness via Thai Stop Covid Plus, monitoring and reporting of schools' readiness through MOECOVID platform and self-assessment of students and teachers through Thai Save Thai platform. Health promotion in schools being implemented through 'Healthy Thai Students Model' focusing on 5 areas such as management, nutrition and safe food, exercise, sports and activities, oral health, and participation from network, was presented. He highlighted the following recommendations to strengthen HPS in Thailand.

- Integrate the implementation of HPS between Ministry of Education and Ministry of Public Health, so that it does not increase workload of teachers and school personnel.
- Reward teachers and school personnel as an incentive for their success in implementing HPS.
- Expand HPS network.
- Monitor more on health outcome as indicators of HPS in Thailand are based heavily on management and procedures.
- Develop comprehensive policy communication from executive level to operational level.

Timor-Leste: Ms Rita Maria Soares, School Health Officer, Ministry of Health

Ms Soares highlighted integration of several health topics into the national curriculum for primary school and junior school such as nutrition, oral health, reproductive health for adolescent, tobacco control, alcohol control, injury prevention, deworming and personal hygiene. She further mentioned that revised version of school health strategic plan has been developed for 2022 and training of teachers on HPS has initiated. Certain gaps such as lack of multisectoral collaboration between Ministry of Education and Ministry of Health, inadequate human and financial resources, unclear indicators for monitoring and evaluation of HPS standards, were presented. The following priorities to implement HPS in Timor-Leste were recommended.

- Advocacy for high level support for implementation of school health strategic plan.
- Establish school health committee at national and municipality level.
- Review HPS policy and develop for guidelines for implementation.
- Capacity building of teachers on health service delivery at school level.
- Develop and review HPS standards and implementation.
- Allocate human and financial resources.

Myanmar: Dr Myint Myint Than, Deputy Director General (DDG), Ministry of Health

In her presentation, Dr Than stated that there have been interruptions in health service delivery in schools due to pandemic. Several existing initiatives at the national level which ensure wellbeing of students, teachers and staff in the country such as school health examination and check-up of primary school students, larva free project, smoke-free school project, oral hygiene project, life skill education as core curriculum in schools, school deworming project, adolescent and youth friendly health services at monastic schools and menstrual hygiene management at public and monastic schools were presented.

The presentation concluded with the following recommendations.

- Promote capacity building of teachers and school staff on HPS.
- Allocate specific budget for HPS.
- Organize meetings at regular intervals at the national and school level to identify gaps and find solutions to achieve HPS initiative.
- Establish monitoring and evaluation framework to assess HPS standards.

Plenary Session

School Health Programme of Ayushman Bharat - An Inter-Ministerial Initiative: Prof Gouri Srivastava, Head DESS and Coordinator of National Population Education Project, NCERT

Prof Srivastava provided an overview of the School Health Programme under *Ayushman Bharat* which equips, motivates, and supports children to contribute to self and society for quality health and wellbeing as well as inculcate positive attitude and develop life skills to promote healthy behaviour among school children. She highlighted the approaches and holistic strategies under the School Health Programme that focuses on diet and physical fitness of school children such as '*Ek Bharat Shresth Bharat*' programme which makes students aware about the different food habits across the country. She further mentioned that the School Health Programme ensures to develop capabilities among school children to cope with pandemic, by providing lessons and services virtually (radio, online meetings etc.).

The training of teachers and health workers under *Ayushman Bharat* to ensure healthy behaviours in the school settings, was presented with an outcome of having trained teachers in every school designated and working as 'Health and Wellness Ambassadors'. She concluded her presentation by emphasizing to invest in children as agency of change and build capacity of children to cope with different challenges of life so that they can contribute to the home, school, community, and nation as an asset.

School Preparedness and response to outbreaks and disasters: Mr Saman Kalupahana, Head of School Feeding and Nutrition in UN World and Programme, Sri Lanka

In his presentation, Mr Kalupahana spoke about the school feeding disruptions faced by 129 million children of SEAR countries. He mentioned about the school feeding programmes in SEAR differing from each other depending on the objectives (short term hunger, nutrition, safety net and nutrition education) and complementary services (micronutrient supplementation, deworming, nutrition education). He highlighted that the World Food Programme has different roles in different countries such as providing technical support in one country and advocacy and innovation in another. He also highlighted about different school feeding modalities adapted during COVID-19 in countries of SEAR such as take-home ration (India, Bangladesh, and Sri Lanka) and cash-based transfers for meals of school children (Nepal). Countries with school feeding policies that responded faster during COVID-19 were presented, such as:

- India having the 2013 National Food Security Act which mandates food security allowance in case of disruptions in mid-day meals.
- Cambodia having school feeding committees to identify households which are not identified in the database.
- Bangladesh having flexible financing mechanisms to adapt to any disruptions in school feeding programme, where attendance is no longer a criterion for receiving minimum food basket (MFB).
- Sri Lanka shifting to centralized procurement of Take-home Ration (THR) to overcome mobility restrictions.
-

In view of this, he suggested the following recommendations to reform school feeding policies to be more shock responsive.

- Strengthen local capacity in adapting school feeding modality during school closure.
- Develop an SOP or operational manual providing details on what to do/change in the event of school closure.
- Ensure flexible financing-including a mechanism that can release funds or make funds available during shock or in case of changes in modality of services.
- Improve/develop/establish a database of most vulnerable and marginalized children which has a wide coverage and is up to date to ensure the flexibility of vertical and horizontal expansion of beneficiaries in the school feeding programme in times of crisis.
- Assess the availability of existing stocks of commodity for THR during crisis.

A video was played on implementation of HPS in Thailand to conclude the plenary session. Dr Good presented an overall summary of the sessions and requested country representatives to join the breakout sessions for country discussions.

Afternoon Session

Plenary Session

Guidance for Country Discussion on Implementation Pathway

The day 2 of the inter-ministerial meeting commenced with the presentation on “*Guidance for country discussion on implementation pathway*” by Dr Good. In her presentation, she explained that the standards promote accountability and are more holistic involving teachers, school staff, principal, and school administrators for health and wellbeing within the ambit of education. It was reiterated that the aim of the implementation guidance for HPS is to assist national, subnational, and local governments in developing, planning, funding, and monitoring sustained whole-school approaches to health promotion in schools. The 4 parts of HPS implementation were briefly explained, (i) How to implement (ii) Who is to implement? (iii) What strategies to implement? (iv) What resources to use? Emphasis on implementation guidance utilizing 5 step cycle which is a suggested process for continuous and iterative implementation of HPS over time was done. Briefly, the 13 implementation areas to implement HPS were presented. The role of how students, educators, principals and policy makers can help in making every school a HPS was discussed.

Country Presentations: “Developing pathways to revitalize/strengthen school health programmes and implement HPS”

Maldives: Ms Tohira, Programme Manager, Ministry of Health

In her session, Ms Tohira recommended the pathways to strengthen national and school health policies and programmes that can prepare schools/education sector to ensure health and wellbeing of students, teachers, and staff in Maldives, such as risk assessment, health screening, training of teachers/staff/school health officers/counsellors, life skills program and integrated approach of school health policies. She highlighted that in Maldives, there is limited human resource especially special needs teachers, physical education teachers, health officers, counsellors, and sports officers as well as a lack of capacity building opportunities for educators and school staff. Limited partnership between schools and community were reported as additional challenges. The following recommendations for strengthening HPS in Maldives were suggested.

- Allocation of additional human and financial resources.
- Training opportunities for teachers and school staff.
- Monitoring and assessment of schools to improve the health of students, teachers, and staff.
- Development of school health team in every school of Maldives.

The following recommendations were suggested for the government, WHO and UN partners.

- Reconvene the multisectoral committee on school health.
- Need to make all schools single session to ensure that the curriculum is delivered efficiently.
- Health and education professionals must receive adequate incentives and remuneration to ensure sufficient implementation of such programmes.
- Government and National level incentives or award system for health promoting schools.

Sri Lanka: Ms Kamini, Ministry of Education

Ms Kamini highlighted the short-term and long-term actions to streamline HPS implementation in Sri Lanka.

Short term (2022-23)	Long Term (2022-2025)
Finalize HPS Policy.	Ear marked funding for HPS from Ministry of Education budget.
Upgrade routine school evaluation by integrating HPS.	Measures to reduce dropouts and to support implementation of 13-year compulsory education.
Upgrading MIS on HPS in education sector.	Streamlined school insurance programme to enhance benefits to all students and evolving challenges.
Joint reviews with Ministry of Education and Ministry of Health.	Implementation of revised curricula from 2023.
Upgrade HPS implementation cycle and evaluation process with student, parents, and local engagement.	Upgrade all basic teacher trainings with HPS integration.
Advocacy to introduce HPS in private/international/religious schools.	Introduction of HPS in private/international/religious schools
Strengthen partnerships with government, private and development partners, and NGOs.	Maintain partnerships with government, private and development partners, and NGOs.

The following suggestions were given for the government to strengthen HPS in Sri Lanka.

- Allocate more funds to preventive health and education.
- Develop separate budget line for HPS implementation in Ministry of Education budget.
- Make health and physical education as a compulsory subject at all levels in school.

The following recommendations were suggested for the WHO and UN partners for strengthening HPS in Sri Lanka.

- High level advocacy with top level policy makers for developing health policies.
- Support Ministry of Education to have a digital MIS system.
- Support development of public health infrastructure and logistics.

- Support equitable online facilities, WASH facilities especially facilities to maintain menstrual hygiene for girls.
- Assist in external accreditation of HPS.
- Lobby to make HPS in all evaluation, donor reporting processes.
- Introduce HPS global report.

Bangladesh: Mr Mahbubur Rahman, Assistant Specialist, National Academy for Primary Education

In his presentation, Mr Rahman mentioned the following pathways to strengthen current programmes in Bangladesh.

- Develop separate school health policy with inter-ministerial coordination.
- Emphasize alignment of school hygiene, sanitation and safe water with health promoting indicators in the policy.
- Strengthen existing school health program and coordination between the operational plan of other departments of several health ministries.
- Emphasize early childhood development and adolescent health.
- Integrate multisectoral policy with HPS.
- Create separate committee for coordination with different ministries to achieve the HPS standards.

He suggested that there is need of physical activity and recreation programmes for psychological and physical support as well as counsellors and school health nurses in every schools. Emphasis on school health clinic programmes for strengthening HPS as well as involvement of local government to maintain healthy and hygienic environment in schools was laid. The following steps to meet global standards of HPS by 2025 by suggested.

- Distribution of the annual budget on equity basis.
- Situational analysis and resource mapping to identify gaps.
- Set comprehensive monitoring checklist for every school.
- Strong monitoring and evaluation system for both national and school level.
- Review the school curriculum program including incentives.
- Introduce digital technology/packages for monitoring and assessment to improve health of students, teachers, and staff in schools.
- Coordinate with different ministries such as the Ministry of Health, Ministry of Education and Ministry of Social Welfare for implementing HPS.
- Develop separate school governance and leadership.
- Stakeholder and community engagement to achieve the global standards of HPS.
- Mass awareness on health promotion on designated school health days.

The following recommendations were suggested for the government, WHO and UN partners.

- Develop comprehensive multisectoral policy, strategy, and action plan for HPS.
- Capacity building of teachers, staff, and relevant personnel.
- Develop separate governing body/committee for monitoring and supervision at national and school level.
- Create HPS network.
- Implement comprehensive guidelines relevant to the pandemic situation.
- Introduce and strengthen technology-based education system.

Thailand: Dr Ekachai Piensriwarchara, Director of the Bureau of Health Promotion, Department of Health, MoPH

Dr Ekachai mentioned that Thailand has extensive experience in HPS approaches with more than 95% having HPS implementation in schools. He further stated that the collaboration between Ministry of Education and MoPH is responsible for HPS standards implementation in Thailand. The following steps to meet global standards of HPS by 2025, were suggested.

Prioritized areas and strategies	Rationale	Responsible agencies	Key actions
1. Develop policy	Lack of concrete and integrated collaboration mechanism on HPS among relevant public agencies	Ministry of Education, MOPH, relevant public agencies, UN agencies	Strengthen political commitment between Ministry of Education and MOPH to drive HPS to meet global standards
2. Monitor and evaluate	Monitoring & Evaluation should prioritize health outcomes (rather than focusing only on academic performance)	Ministry of Education, MOPH, and academic/research agencies	<ul style="list-style-type: none"> • Identify indicators that focus more on health outcomes • Having academic/research agencies to develop monitoring & evaluation mechanism and health indicators
3. School and community partnering	Environment inside and outside of schools affect children's health. There should be more cooperation among networks to promote children's health	Schools, Local governments	<ul style="list-style-type: none"> • Strengthen network with local administrative organization on environmental health management, to ensure safe environment for children, promote physical activities and other appropriate health behaviors • Develop health promotion plans based on specific issues/context in each area to address health problems
4. Involve students	Ensure participation of children to ensure sustainability and continuity of HPS implementation	Ministry of Education, Schools	<ul style="list-style-type: none"> • Increase participation of children in health promotion e.g., student health volunteers, • Capacity building on health promotion for students etc.

The following recommendations were suggested for the government, WHO and UN partners.

- Ensure that children's health promotion is included in national development plans and strategies.
- Develop clear HPS policies at the national level and ensure that the policies are translated to local level.
- Develop incentive mechanism to raise awareness among teachers, school executives and personnel. Encourage involvement in children's health promotion.
- Dedicate budget exclusively for HPS to facilitate HPS implementation.
- Exchange of good practices on HPS implementation with the country.
- Participation of WHO and UN agencies in policy advocacy.

Bhutan: Mr Choening Sherab, Deputy Chief Programme Officer, Ministry of Education

In his presentation, Mr Sherab mentioned that national and school health policies and programmes of Bhutan have prepared schools/education sector for the health and wellbeing of students, teachers, and staff by sensitizing relevant stakeholders on the existing policies as well as by revisiting existing policies and plans relevant to HPS. He further stated that Bhutan has mandatory health screening for school children biannually; however, the continuity of health services to children were disrupted during the pandemic. Emphasis was laid on the need to develop and strengthen contingency plans in line with National Health Emergency and Disaster contingency plan for smooth flow of health services to students during the pandemic or any other emergencies. The need of strengthening community engagement for school feeding programmes was also highlighted.

The following steps to meet global standards of HPS by 2025 were suggested.

- Conduct assessment on the existing policies and plans relevant to schools and institutions.
- Conduct needs assessment in schools and institutions by 2022.
- Develop National Health Promoting School Strategy in alignment with existing policies by 2022.
- Conduct intersectoral and multi-stakeholder collaboration and partnership workshops and meetings by 2022.
- Develop and adapt monitoring and evaluation tool for health promoting standards by 2022.

The following recommendations were suggested for the government, WHO and UN partners.

- Capacity building of relevant stakeholders to implement HPS.
- Financial and technical support for HPS implementation.
- Exchange of good practices on HPS implementation with the country.

Myanmar

It was highlighted that Myanmar has well established school health division under the Ministry of Health with school health teams providing services like school health check-ups, deworming and vaccination. It was further stated that COVID-19 prevention and control committee was established at schools during the pandemic. Regular monthly meetings among representatives of student council, school trustees and local authorities at district and school level to discuss the issues faced in the implementation of HPS and finding possible solutions for them was highlighted. However, Myanmar not having any policy and/or guidelines on HPS at national and school level was presented. Various challenges such as lack of capacity building opportunities for teachers, limited financial and human resources for programme implementation were reported. The following actions to meet global standards of HPS by 2025, were suggested.

Immediate Action	Mid-term Actions	Long-term Actions
<ul style="list-style-type: none">• Review existing national HPS implementation and revise to be in line with GSHPS.• Review HPS checklist and fine tune relative to GSHPS.• Advocate new version of standards of HPS.• Train relevant stakeholders on how to apply the checklist.• Situation analysis of schools.• Strengthen intersectoral and multisectoral coordination.• Community engagement for promoting physical activity, nutrition, oral, ear and eye health in schools.• Develop COVID-19 prevention and control measures for safe re-opening of schools.• Strengthen implementation of school health checkups.• Annual assessment of schools using checklist for HPS implementation	<ul style="list-style-type: none">• Multisectoral plan on HPS to develop guidelines to promote physical activity and provide services for oral, eye and ear health, nutrition, anti-tobacco, and deworming.• Capacity building of relevant stakeholders by Ministry of Health on first aid and life skills management.• Budget analysis and allocation of financial and human resources to be increased.	<ul style="list-style-type: none">• Assign medical doctors at Ministry of Education.• Develop School Health Law.

The following suggestions were recommended for the government, WHO and UN partners.

- High level Advocacy with policy makers for school health law.
- Develop policy brief for Ministry of Education and Ministry of Health to provide financial and human resource support for implementation of HPS.
- Multisectoral coordination and collaboration among UN partners to support HPS implementation in schools.

India: Dr Gudsimran, MoHFW and Dr Zoya Rizvi, Deputy Commissioner (Adolescent Health), MoHFW

Dr Gudsimran mentioned that India has National Health Policy 2020 and National Education Policy 2020 which ensures participative and collaborative efforts from all sectors (health, education, youth and sports, rural and urban development, water, and sanitation) working for students and school staff. She further stated that there are ongoing inter-ministerial dialogues between Ministry of Education and Ministry of Health to develop guidance for safe re-opening of schools pertaining to public health emergencies such as COVID-19 pandemic.

Dr Rizvi provided an overview of the initial phase of School Health and Wellness Programme (SHWP) which covers all government and government aided schools. She further stated that teachers from diverse background and education, apart from science and physical education background can be chosen by states for teacher-trainings under SHWP to ensure health and wellbeing of children. Furthermore, teacher trainings taking place online and physically in all regions of India at district and block level by Ministry of Education was reported. The following intersectoral mechanisms which are in place to support HPS implementation were presented.

- National multisectoral action plan involving 32 ministries for prevention of NCDs among school children.
- Inter-department committees are established and functional at all levels of state, district, and block to ensure smooth implementation and monitoring of schools.
- Partnerships with UN agencies, NGOs, academic Institutions in place to ensure updating knowledge and cross-learning for programme improvement.
- Regular planning, monitoring and evaluation of programme funded at various levels.

Dr Rizvi continued with the session where she recommended to shift implementation of school health services from physical mode to digital mode during the time of emergencies/pandemics to ensure wellbeing of children. She emphasized on training of teachers and relevant stakeholders on accessing the hybrid model. Furthermore, she highlighted that the Indian government has developed National Digital Mission as a long-term strategy to ensure digital access at all levels. The following recommendations for the implementation of HPS were presented.

- Implementation of the programme in a phased manner.
- Sensitize all relevant stakeholders during planning stage for mutual ownership.
- Partner with agencies such as UN agencies, NGOs, academic institutions.
- Partner with state governments to ensure integration of curriculum.
- Shift from physical mode to digital mode to enable smooth implementation of HPS.

It was also reported that India has collaborative monitoring system with Ministry of Education where indicators have been identified for regular assessment of progress. Baseline assessment on Knowledge, Attitude and Practice (KAP) of teachers which takes place every two years was also highlighted. Additionally, another intervention by Ministry of Education, SHAALA-SIDDHI, which evaluates school standards, including health, was presented.

The following recommendations were suggested for the WHO regional offices and partner agencies to support HPS implementation.

- Build a sustainable model to ensure empowerment of Health and Wellness Ambassadors.
- Work with partner agencies for improving implementation and monitoring in states and learn from best practices.
- Assessment of field level implementation to understand the gaps and ensure timely conduct of surveys and synthesis of evidence.

Indonesia

Mr Bamberg Purwanto from Ministry of Health, Indonesia presented the last country presentation. The following steps to meet Global Standards of HPS by 2025, were suggested.

- Integrate the Usaha Kesehatan Sekolah/Madrasah (UKS/M) with the Ministry of Education data system to obtain data on HPS indicators by 2024.
- Integrate school health service information systems with school data systems at the Ministry of Education level by 2023.
- Review and integrate standards/indicators into HPS including Child Friendly Schools, Character Education, UKS/M, Learning Environment Assessment.
- Obtain data on % of schools that have met global HPS standards.
- Improve the capacity of teachers and health workers to analyze and use mental health screening results to formulate comprehensive interventions.
- Build a roadmap and system for teachers/staff capacity building in implementing HPS.
- Analyze existing policies, standards, indicators, and curricula to ensure that they are more inclusive of the special needs of learners.
- Strengthen national policies that require local governments to formulate regional policies and allocate budgets to support UKS/M and the implementation of HPS.
- Expand multi-sectoral partnerships to support the implementation of UKS/M and health promotion in schools, including with the private sector, while preventing the effects of conflicts of interest.
- Build a reward mechanism for schools in achieving UKS/M.
- Raise community and stakeholders' awareness on HPS and standards of healthy schools from national level to the smallest administration level.
- Community empowerment through the involvement of Toma and Toga (informal community leaders, public figures, opinion leaders) to contextualize global HPS standards locally.

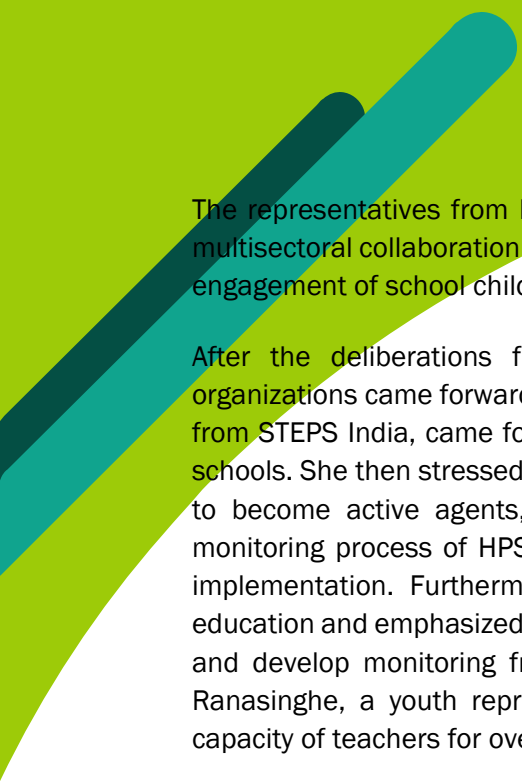
Day 3, 14 October 2021

Dr Good started the 3rd day sessions by presenting the following components to develop regional roadmap to implement HPS in SEAR countries from 2022 to 2030.

- Support countries to sensitize, advocate, and identify implementation areas with national and sub-national targets ensuring inclusiveness.
- Develop investment case to mobilize adequate resources to support country's implementation of HPS.
- Foster intersectoral coordination across relevant sectors.
- Develop simple tools to assess HPS practices for school self-assessment based on the Global standards and existing tools for evidence-based policies, planning, and design interventions, with specific attention to safe-reopening of schools during the pandemic.
- Develop capacity building plan and train packages for all target groups (policy makers, educators, health service providers, parents, communities, students) as well as engagement plans.
- Identify national/sub-national schools that potentially lack behind, to map their health risk factors and education barriers.
- Develop monitoring framework, milestones to achieve the 2030 targets for health and education, and tool to follow-up the call for action, Joint-UN statement, and the Regional Committee Resolution: with operational framework, pathways, indicators, outcomes, and timeframe.
- Develop Biennium progress report.




**ROADMAP FOR
IMPLEMENTATION OF HEALTH
PROMOTING SCHOOLS IN
SOUTH-EAST ASIA REGION**



The representatives from India, Bangladesh and Bhutan highlighted the need for intersectoral and multisectoral collaboration between different sectors, allocating special funds for HPS and meaningful engagement of school children.

After the deliberations from the representatives from member states, youth from different organizations came forward to present their opinions on the HPS implementation. Ms Ragini Bordoloi, from STEPS India, came forward and highlighted the need to have safe environment for students in schools. She then stressed upon the importance of building capacity of adolescents and young adults to become active agents, right from the planning process throughout the implementation and monitoring process of HPS as well as emphasized the need of multisectoral collaboration for HPS implementation. Furthermore, she pointed out the imminent need for comprehensive sexuality education and emphasized on the need to assess glaring gaps in our existing policies and frameworks, and develop monitoring frameworks, to make sure that we meet these goals by 2030. Sharadi Ranasinghe, a youth representative from Youth for Tomorrow, highlighted the need for building capacity of teachers for overall implementation of HPS standards.

Dr Good spoke about the 74th session of WHO Regional Committee for South-East Asia, where member states adopted resolution on “Revitalizing the school health programme and health-promoting schools in the South-East Asia Region” to make every school HPS. The Joint UN statement on strengthening education, school health, nutrition and well-being highlighting the need to collectively advocate for a healthier generation and providing harmonized joint technical support to countries, was also discussed. An overview of seven countries (Bangladesh, Bhutan, Indonesia, Maldives, Myanmar, Sri Lanka, Thailand) that participated in the exercise on assessment of global standards on HPS was presented.



Joint UIN Statement on strengthening education, school health, nutrition and well-being

Every school should be health promoting to protect and improve the learning, health, nutrition and overall well-being of students and the school community

We, the representatives of the United Nations agencies¹, jointly commit our support to the governments of Member States of the South-East Asia Region² in their efforts to safely reopen and operate schools during the ongoing COVID-19 pandemic. We also pledge our commitment to working with governments, partners and educational institutions to adopt the Health Promoting Schools (HPS)³ approach, with a focus on improving learning, health, nutrition and well-being of students and members of the school community.

Prolonged school closure since the onset of the pandemic has caused an enormous loss of learning with the risk of dropout and reduced future employability for millions of schoolchildren across our Region, and significant adverse impact on physical and mental health, nutrition status and overall well-being of children and adolescents, particularly the most vulnerable. With the current evidence indicating that COVID-19 infection and its severity are less in children compared with adults and that the school settings are no more responsible for outbreaks than the surrounding community, prolonged school closures can no longer be justified when other institutions and facilities have re-opened.

The COVID-19 pandemic has reinforced the importance of establishing strong and resilient education systems that are able to continue delivering education and health under all circumstances. The regional leadership of UN agencies stand ready to align efforts and work with governments and mobilize support of partners to ensure that health and well-being of the school community are strongly reflected in national and regional agendas; and call for increased investment to restore and enhance the reach and quality of national education, school health and nutrition policies, focusing on those that need it the most.

We highly commend the high-level political will and commitment jointly expressed by the ministers of health and education in the Region to make every school and place of learning health promoting, through the Call to Action at the WHO Inter-Ministerial Meeting to Revitalize Health Promoting Schools in the South-East Asia Region, organized by WHO-SEARO virtually in New Delhi, India, on 12-14 October 2021. The Call to Action strengthens actions on the implementation of the resolution, "Revitalizing school health programmes and health promoting schools in the South-East Asia Region" adopted by the Seventy-fourth Session of the WHO Regional Committee for South-East Asia held virtually in Kathmandu, Nepal, in September 2021.

Furthermore, we pledge harmonized technical support to the national leadership for planning and implementation processes, working across ministries and sectors to promote a holistic and multisectoral approach, including for the following:

- Safe reopening and sustained operations of schools in order to resume learning as early as possible and mitigate the further risks to education, health and well-being of students and school staff. This requires adequate preparedness and use of appropriate public health measures to prevent COVID-19 transmission and to control any outbreak in the schools;
- Planning to ensure effective recovery of the learning lost, to re-establish health and nutrition-related services interrupted during prolonged school closures, and to adopt strategies to reduce inequity in learning, nutrition and health status that has been accentuated during the pandemic;
- According high priority to school health and nutrition programmes and, while building back better, to adopt a 'Health Promoting Schools' approach to strengthen school infrastructure and education content to appropriately meet the needs of learners and school personnel; health services such as assessment and management of health conditions, violence and sexual and reproductive health; related services such as provision of adequate water and sanitation, nutrition including school meals and micronutrient supplementation, mental health and psychosocial support; and preparedness for future emergencies;
- Mobilizing adequate, sustainable finances, appropriate skilled human resources, and essential commodities from all related sectors, and ensuring intersectoral coordination for the effective implementation of health promoting schools at scale with a focus on reducing inequity by addressing its multiple drivers⁴;
- Improve management capacity in relevant sectors to sustain strong systems for implementation of health promoting schools with a whole-of-government and community-centric approach;
- Assume national accountability for results and resources through strong monitoring systems with timely reporting, analysis of relevant disaggregated education, health and related data, and use it for bringing about improvement in the programme; and
- Support collaboration and coordination with donors and partners including civil society and the private sector, as well as opportunities for experience-sharing and learning within and across the countries of the Region.


New Delhi, India, 11 October 2021




Dr Poonam Khetrapal Singh
WHO
Regional Office for South-East Asia



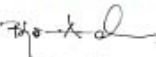
Mr George Laryea-Adjiei
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Mr Shigeru Aoyagi
UNESCO
Asia and Pacific Regional Bureau for Education



Mr Bjorn Andersson
UNFPA
Asia & the Pacific Regional Office



Mr John AYLIEFF
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¹ Key agencies have joined to broaden UN support for Health Promoting Schools, including, UNESCO, UNICEF, WFP and UNFPA that cover countries beyond the WHO-SEA Region; and the HPS initiative is endorsed by Asia-Pacific Technical Working Group on School Health, Nutrition and Well-being.

² South-East Asia Region of WHO includes Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste.

³ Making every school a health-promoting school – Implementation Guidance (who.int)

⁴ Equity focus means that the services reach all children especially the most marginalized and vulnerable; and common drivers of inequity include poverty, gender, ethnicity, linguistic diversity, disability, geographic location and displacement.

Programme

Day 1, 12 October 2022 – Programme for High Level Ministerial Segment

Time	Programme	
9:30–10:00 New Delhi time	Inauguration <ul style="list-style-type: none"> • Video presentation of health promoting school (10 min) • HPN Director welcome remark and deliver Objectives of meeting & procedure (3 min) • WHO Regional Director Opening speech (3-5 min) • Introductory remarks by Regional Directors of UNESCO, UNICEF-ROSA, and WFP, and DRD of UNFPA 	
10:00–11.20	High-level official session <ul style="list-style-type: none"> • Hon. Ministers of Health & Hon. Ministers of Education (or video records) from member states • Release Minister Call for Action • Release of UN-Joint Statement 	
11.20–11.30	<ul style="list-style-type: none"> • Remarks by Director Health Promotion WHO-HQ - Dr Ruediger Krech • Vote of Thanks (HPN director) 	
Healthy break 11.30-12.00		
Participants re-connect to Technical sessions in the afternoon		
Technical session continues 12.00-13.00 (1 hour)		

Day 1: Thematic Session, 12 October 2021 – Programme for Technical Meeting

Time	Topic	
12.00-12.30 New Delhi time	Re-building sustainable health and well-being through schools and education sector <ul style="list-style-type: none"> • Continuation of nutrition services in schools and beyond – <i>Ms Nadya Frank, Regional School feeding Programme Officer (WFP)</i> • Public Health measures and WASH provisions for safe school reopening during pandemic – <i>Peter Harvey, UNICEF</i> • Curricular, teaching, and learning for health literacy – <i>Jenelle Babb, UNESCO and Jo Sauvarin, UNFPA</i> • Meaningful engagement of adolescents for safe operations of schools: <i>Dr Rajesh Mehta, WHO and Ms Shilpa Lamichhane, SYAN (Visible Impact, Nepal)</i> 	Moderator: Dr Angela De Silva

Time	Topic
12.30-13.00	<p>Integrated approach to scale up school health programmes and enhance health promoting schools</p> <ul style="list-style-type: none"> • Integrated approach for Health Promoting School in Thailand, <i>Dr Kittipong Saejeng, Medical Physician, Advisory Level (Health Promotion) of the Department of Health, Thailand</i> • Country status on implementation of school health programmes in Sri Lanka, <i>Dr Ayesha Lokubalasooriya</i> • Country status on implementation of school health programmes in Indonesia • Voice of teacher association, <i>Mr Anand Education International: Asia-Pacific Region</i> • Voice of Youth Association in South-East Asia <i>Dr Janithe Herath, Youth for Tomorrow, Youth for Tomorrow, Sri Lanka</i>
13.00-14.00	Lunch break

Day 1: Thematic Session, 12 October 2021 – Programme for Technical Parallel Sessions

Time	Topic
14.00-15.30	<p>Country feasibility to implement health promoting school and meet the global standards</p> <ul style="list-style-type: none"> • Country review of the current status of implementation of school health programmes and designation of health promoting school <i>Dr Suvajee Good – Video presentation on Implementation of Health Promotion School</i> • Identify gaps and how to implement school health programme/health promoting schools at all levels and in all schools <ul style="list-style-type: none"> – What are policies and procedures for safe reopening of schools? – How health and education sectors plan to restore critical services: sanitation, hygiene, nutrition, health services, counselling, psycho-social support, stigma reduction, etc.? – Which type of schools often or would be neglected from health promotion and prevention of health risks?

Country breakout rooms (20-35 country participants will be inclusive of other ministries, non-governmental agencies, teachers' associations, youth representatives, and partner agencies)
*See note for country sessions

Day 2: Wednesday 13 October 2021

Time	Topic	
9.30-10.30	Country report back from Parallel session on Day 1 Highlighting: <ul style="list-style-type: none"> • MOH & MOE roles in comprehensive school health policies and practices ensuring well-being of students, teachers, and staffs • Continuation of school health services, ensuring accessible services (routine check-up, immunization, dental care, deworming, nutrition, psycho-social support, etc.) at all time • Gaps in implementing health promoting schools 	Moderator: Suvajee Good
10.30-11.30	Building forward Healthier schools for everyone <ul style="list-style-type: none"> • Enabling environment for healthier behavior for students, teachers, and everyone in schools <i>Video presentation by Thailand</i> • Flexible delivery approaches to quality, inclusive and equitable health education, that spans school and home environments, <i>Prof Dr Gouri Srivastava, Head, Department of Education in Social Sciences (DESS) & Coordinator, National Population Education Project, NCERT, India</i> • School preparedness and response to outbreaks and disasters (dengue, foot-mouth diseases, SARs, Tsunami, etc.) particularly linkage between schools, families, and communities <i>Mr Saman Kalupahana, Programme Policy Officer, WFP, Sri Lanka</i> 	
11:30-14:00	Break out for country parallel sessions (country manage lunch break at appropriate time)	
14:00-15:00	Report back to Plenary: country presentation on pathways to revitalized health promoting schools and implementation of the global standards	

Technical Country Parallel Sessions: Country discussion to develop pathways to revitalize/strengthen school health programmes and implement health promoting schools

Time	Topic	
11.30-13:00	<ul style="list-style-type: none"> • Review implementation guidance of Health Promoting schools • How do National and school health policies and programmes prepare schools/education sector to ensure health and wellbeing of students, teachers and staffs? 	Country break out rooms (Country participants will be inclusive of other ministries, non-governmental agencies, and partner agencies are welcome to join the sessions)

Time	Topic	
	<ul style="list-style-type: none"> • How inclusive are existing policies to reach to all schools at all levels, and consider diversity of students/teachers? • What intersectoral mechanisms and expertise are in place to support the process? • Contingency plans to ensure continuation of school health services in time of public health events. Adaptation for sustainable health promotion and education, as well as engagement with communities • Gaps and lessons learnt ensuring sustainable skills and capacities continue in all schools • Resource allocation • Monitoring and assessment to improve health of students, teachers, and staffs in schools • Recommendations to WHO regional offices and partner agencies supporting implementation 	*See note for country sessions
13:00-13:30	Lunch break – country to manage the time	
13:30-14:00	Preparation to report back to plenary	
14:00-15:00	Report back to Plenary: country presentation on pathways to revitalized health promoting schools and implementation of the global standards	

Day3: Thursday 14 October 2021

Time	Topic	
10.00-11.00	Commitment to HPS, Making Every School Health Promoting School <ul style="list-style-type: none"> • Voice from technical experts from MOE and MOH • Voice beyond Health and education sectors (invite representatives from countries e.g. local government, welfare institutes, specialized schools, etc.) • Voice from youth's organizations, represented by Ragini Bordoloi, STEPS, SYAN, India • Voice from teachers' organizations, • WHO and UN agencies technical colleagues 	All participants

Time	Topic	
11.00-11.30	Regional Pathway to strengthen country implementation of health promoting schools and standards <ul style="list-style-type: none">• Recall release of Inter-Ministerial Call for Action• Recall release of Joint statement of UN agencies• Presentation of regional pathway/roadmap Implementation of health promoting schools and standards presented	
11.30-12.00	Closing remarks & vote of thanks 1-2 Representatives from countries Technical officers of WHO, UNESCO, UNICEF, UNFPA, WFP (who are available) HPN-SEARO close the meeting	

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